

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016956

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 251

Primary Registration District No. 108

Registrar's No. 108

**FILED MAY 6 1963**

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Nodaway, County</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>                           |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clyde, Mo.</u>   |   | c. CITY OR TOWN <u>Clyde, Missouri</u>   |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>Benedictine Convent</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>S. E. Clyde, Missouri</u>  |                                   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Sister Mary</u> Middle <u>Bibiana</u> Last <u>Homan</u>  |   | 4. DATE OF DEATH<br>Month <u>April</u> Day <u>28</u> Year <u>1963</u>  |                                   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH <u>6-19-1878</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Clerical</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Clerical</u>   |                                   |
| 13a. FATHER'S NAME<br><u>Gerhard Homan</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Rhein</u>  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates)<br><u>No</u>  |   | 17. INFORMANT<br><u>Benedictine Convent, Clyde, Missouri</u>   |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebrovascular thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u><br>DUE TO (c) _____ |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs</u>  |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |                                   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><u>Clyde, Missouri</u>   |                                   |
| 21. I attended the deceased from <u>1960</u> to <u>1963</u> and last saw her alive on <u>6:10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22a. SIGNATURE <u>Shirley M. D.</u> (Degree or title)  |                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |   | 23b. DATE<br><u>4-30-1963</u>  |                                   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Calvary Cemetery</u>  |   | 23d. LOCATION (City, town, or county)<br><u>Clyde, Missouri</u>  |                                   |
| 24. FUNERAL DIRECTOR<br><u>Johnson Funeral Home Stanberry, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>5-1-63</u>  |                                   |
| 26. REGISTRAR'S SIGNATURE<br><u>Bess Bolt</u>  |   | 22c. DATE SIGNED<br><u>5/1/63</u>  |                                   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Charles Dean Allee, Student Embalmer No. 671  
working under my personal supervision.

Student

Charles Dean Allee

Signature of Student Embalmer

Signed

Ross E. Johnson

Licensed Embalmer No.

4948

P. O. Address

Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.